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## **FEC**

## STATEMENT OF **ORGANIZATION**

FORM 1						Office the Orbi
1. NAME OF COMMITTEE (in	n full)	(Check if name is changed)		ple:if typing, type the lines.	12FE4M5	Office Use Only
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ADDRESS (number and street) P.O. BOX 12 (2)						
(Check if edis changed)		13203 N. Frontage Rd.				
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COMMITTEE'S E-M/	VIL ADDRES	ss	CITY 🛦		STATE ▲	ZIP CODE A
Thule 196m@uanetong						
Hulelgar @ waned org						
COMMITTEE'S WEB PAGE ADDRESS (URL)						
COMMITTEE'S FAX NUMBER						
(60L-16381-1516)						
2. DATE 11 03 2000						
3. FEC IDENTIFICATION NUMBER > C 00 1 65233						
4. IS THIS STATE	MENT	NEW (N) OR	X	AMENDED (A)		*
i certify that I have i	examined thi	s Statement and to the be	est of my ki	nowledge and belief it	is true, correc	t and complete.
Type or Print Name of Treasurer David "Tommy" Newell						
Signature of Treasure		Jarrel Lo	nan-	=9 July		( '03 '2006
NOTE: Submission of		ous, or incomplete informatio				o the penalities of 2 U.S.C. §437g.
Office Use Only				For further information of Federal Slection Commissi foli Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2003)

Local 202-694-1100

(3/2005)

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